


Administrator's License Renewal Report



Professional Growth Experience Log

Section 4: Professional Growth Experiences Chart	✓ Determine the number of points for the types of experiences you will plan to achieve your goals and record on the PGE Log	 This form	1+ pages
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First Renewable License Number:

Date	Related Goals	Experience	Points
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Total			

Section 5
Administrator's License Renewal Report
Professional Growth Experience Documentation

Section 5: Professional Growth Experience Documentation	<ul style="list-style-type: none">✓ Assemble all official documentation of your experiences✓ If an official document is not available, obtain a verification signature on the form provided	<ul style="list-style-type: none"> Any official documentation that certifies successful completion of a Professional Growth Experience This form (if needed)	1+ pages (as needed)
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First Renewable License Number:

Experience Title:

Location:

Date:

Time:

Total Hours:

Points Earned:

Summary of Activity:

Please attach any relevant documentation of the experience **OR** complete this verification section for building level or corporation level activities. See Points Value Chart for descriptions of acceptable documentation.

Third-Party Verification of Activity:

I, the undersigned, hereby verify the Professional Growth Experience was, in fact, performed as herein described by the educator designated by the above license number.

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE.

Printed Name

Title

Phone

Phone

Address

E-Mail

Verification Signature *

Date

License Number _____


* This person must hold a valid license issued by the Indiana Professional Standards Board.

Section 6

Administrator's License Renewal Report

Goals Attainment Summary

Self-Assessment

Section 6 Goal Attainment Summary: Self-Assessment	✓ Rate your own attainment of each goal on a scale from “0” to “3” ✓ Write a concise reflection on the attainment of each goal	 This form	3-6 pages
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*This form must be submitted with the licensure renewal materials.
It will not impact the renewal decision.*

First Renewable License Number:

Check one statement that best describes the attainment of each goal.

Then write a concise reflection on the attainment of each goal. Be sure your reflection includes the relationship of your experiences to the goal, the impact on student learning and how the activity improved your skills as an educator.

Documentation and written commentaries, taken together, provide...	0- little or no evidence of goal attainment	1- limited evidence of goal attainment	2- clear evidence of goal attainment although the evidence may be uneven in depth and scope	3- clear, consistent, and convincing evidence of goal attainment
Goal 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflection on Goal 1 attainment:				
Goal 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflection on Goal 2 attainment:				
Goal 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflection on Goal 3 attainment:				